



**REQUEST FOR QUOTATION
NP- SMALL VALUE PROCUREMENT**

RFQ No. : DSWD7-2024-0413
Date : April 15, 2024

Company Name : _____
Company Address : _____
Contact Person : _____
Contact No. : _____
PhilGEPS Registration No.: _____

Sir/Madam:

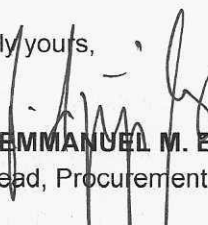
Please quote your government price/s including delivery charges, VAT or other applicable taxes, and other incidental expenses for the goods listed in Annex A. Failure to indicate information could be the basis for non-compliance. Also, kindly furnish us with descriptive brochures, catalogues, literatures and/or samples, if applicable.

If you are the exclusive manufacturer, distributor or agent in the Philippines for the goods listed in **Annex A**, please attach in your quotation a duly notarized certification to this effect.

Interested supplier/s are required to submit true copies of their **valid Mayor's Permit, Philgeps Registration Number** upon submission of quotation/s. An **omnibus Sworn Statement** is required prior to award.

Please accomplish and submit this **form** together with **Annex A** and **Bank Information** to the BAC Secretariat, DSWD Field Office VII, Cebu City or send it through facsimile numbers (032) 233-8785; 233-0261; 231-2172 local 140 or 148 or e-mail to bac.fo7@dswd.gov.ph on or before **April 19, 2024 at 5:00PM.**

Very truly yours,


ENGR. EMMANUEL M. EDLES
AO V/Head, Procurement Management Section

Terms and Conditions:

- Award shall be made on per: item basis total quoted price lot basis
- Quotation validity shall be not less than **60 calendar days.**
- Good/s or Services shall be delivered **within 30 days from receipt and conformity of Purchase Order.**
- Place of Delivery: **DSWD FO VII, Corner M.J. Cuenco Avenue and Gen. Maxilom Ext., Carreta, Cebu City**
- Terms of Payment: **within 30 days from the receipt of billing statement.**
- Liquidated Damages/Penalty: **One-tenth of one percent for everyday of delay shall be imposed.**
- In case of discrepancy between total price per item and unit price for the item as extended or multiplied by the quantity of that item, the latter shall prevail.
- Warranty period, if applicable: _____


BONAPARTE D. CASEÑAS II
Canvasser

I am interested to quote and agree to the terms and conditions.

(Signature over Printed Name of Supplier / Service
Provider / Authorized Representative)



DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office VII, Cebu City

Company Name _____
 Company Address _____
 Contact Person _____
 Contact No. _____
 PhilGEPS Registration No.: _____
 Tin Number: _____

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Date: April 15, 2024

Item No.	Quantity	Unit of Measure	Articles / Descriptions	Statement of Compliance (State "Comply" or "Not Comply")	Bidder's Specifications	Unit Cost	Total Cost
			ADVOCACY Materials for DSWD-7				
			Specifications: • Dimension: 8.3in x 11.7in or A4 • Papr: C2S 80gsm • Full-Color (back to back)				
1	5,280	piece	4Ps Info Cards				
2	3,000	piece	SOCIAL PENSION AND CENTERNARIAN Info Cards.				
3	1,500	piece	SFP and SHIELD Info Cards				
4	3,000	piece	AICS Info Cards				
5	1,500	piece	MINORS TRAVELING ABROAD Info Cards				
6	1,500	piece	RRCY Info Cards				
7	1,500	piece	AVRC II Info Cards				
8	1,500	piece	RSCC Info Cards				
9	1,500	piece	HFG Info Cards				
10	1,500	piece	RHW Info Cards				
11	1,500	piece	RRPTP Info Cards				
12	1,500	piece	KALAHI-CIDSS Info Cards				
13	1,500	piece	LISTAHANAN Info Cards				
14	1,500	piece	TAORRSS Info Cards				
			Note: • All Design and/or layout will be provided by the Social Marketing Unit. • Supplier must provide mock-up copy for approval prior to mass production. • Must be delivered within 30 days from receipt of Purchase Order				
Total:							
Approved Budget for the Contract: Php 97,230.00				Note: "Bidder's Specifications" column may be filled up with service provider or may copy "Articles/Description" stated if applicable.			
End User: ORD-SMU							
PURPOSE : Information, Education and Communication (IEC) materials							

Note: Procurement procedure in accordance with DSWD-Memorandum Circular No. 2, Series of 2007.

BONAPARTE D. CASEÑAS II
 Cavvasser

Signature of Supplier / Authorized Representative Over
 Printed Name